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UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Indonesia

Proposed UNFPA assistance:	$28 million, $21 million from regular resources and $7-million from co-financing modalities and/or other, including regular, resources
Programme period:	5-years (2001-2005)
Cycle of assistance:	Sixth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	16.0	5.0	21.0
Population and development strategies	1.9	1.0	2.9
Advocacy	2.5	1.0	3.5
Programme coordination and assistance	0.6	-	0.6
Total	21.0	7.0	28.0

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INDONESIA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	36	≥60
Contraceptive prevalence rate (%)[2]	55	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	0.03	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	57.8	≤65
Infant mortality rate (per 1,000 live births)[5]	48	≤50
Maternal mortality ratio (per 100,000 live births)[6]	450	≤100
Adult female literacy rate (%)[7]	78	≥50
Secondary net enrolment ratio (%)[8]	91	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

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[1] Electronic database, World Health Organization, December, 1999.
[2] United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
[3] UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
[4] United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
[5] United Nations Population Division, *World Population Prospects: The 1998 Revision*.
[6] The World Bank, *World Development Indicators, 2000*.
[7] UNESCO, *Education for All: Status and Trends* series. (1977, 1998, 1999 editions).
[8] UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2000	212,107	Annual population growth rate (%)	1.22
Population in year 2015 (000)	250,383	Total fertility rate (/woman)	2.26
Sex ratio (/100 females)	99.6	Life expectancy at birth (years)	
Age distribution (%)		Males	65.3
Ages 0-14	30.7	Females	69.3
Youth (15-24)	19.8	Both sexes	67.3
Ages 60+	7.5	GNP per capita (U.S. dollars, 1998)	640

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period starting in January 2001 to assist the Government of Indonesia in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $28 million, of which $21 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $7 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's sixth programme of assistance to the country. Indonesia is a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the national policies, priorities and strategies expressed in the Government's Five-Year Development Plan for the period 2001-2005. A national task force, consisting of national experts, government representatives and staff from UNFPA's country office and the Country Technical Services Team (CST) in Bangkok, Thailand, has contributed significantly to the programming process. The programme is based on the analysis and recommendations of the Country Population Assessment (CPA), extensive inputs from key Ministries involved in the population and reproductive health sectors and from partners from non-governmental organizations (NGOs) and bilateral donors. The CPA was developed parallel to United Nations Common Country Assessment (CCA), which is still being finalized, in order to ensure that the proposed UNFPA programme fits within the overall context of Indonesia's socio-economic development. The programme is harmonized with the Government's Five-Year Development Plan and the UNDP and UNICEF planning cycles.

3. In close collaboration with the Government, through the National Family Planning Coordinating Board (BKKBN), and with various donors, UNFPA promotes information sharing and programme coherence within the national programme as well as within the donor community in the areas of population, reproductive health and gender. Through the proposed programme, UNFPA will strengthen the Government's capacity to start implementing an "essential reproductive health package" for the first time in selected programme districts and will help to foster closer cooperation between concerned government Ministries and NGOs in addressing such key reproductive health concerns as violence against women, adolescent pregnancy and abortion, HIV/AIDS and sexually transmitted diseases (STDs), and access to quality contraceptive services. In line with the Government's new decentralization strategy, UNFPA will seek the collaboration of local governmental authorities and NGOs in implementing the programme and will aim at strengthening their capacities for such implementation.

4. The proposed programme builds on the experience gained and lessons learned in the previous programme and is closely aligned with the programmes and policies of the Government of Indonesia. The proposed programme will seek to assist the Government in its efforts to

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continue the adoption and implementation of national population and development policies and strategies, including reproductive health strategies, within the frameworks of the Programme of Action of the International Conference on Population and Development (ICPD) and the ICPD+5 review. The goal of the programme is to contribute to the attainment of a higher quality of life for the Indonesian people through improved reproductive health, a balance between population dynamics, natural resources and socio-economic development, and gender equity and equality. This goal will be pursued through three sets of interventions covering reproductive health, population and development strategies, and advocacy, with gender concerns mainstreamed into each one of these areas.

5. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be carried out in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Indonesia is the fourth most populous country in the world. The Central Bureau of Statistics estimated the total population of Indonesia at 207 million in 2000, with a growth rate of 1.5 per cent a year. Although population growth rate is relatively moderate, the country has a significant momentum of growth. The scale of population growth and its uneven distribution remain concerns of the Government, especially overcrowding in urban agglomerations and such densely populated areas as Java and Bali. Of equal concern are the persistently high maternal mortality ratio (estimated at 370 per 100,000 births) and the relatively high infant and under-five mortality rates (52 and 71 per 1,000, respectively).

7. While Indonesia is recognized for the success of its family planning efforts, the progress in the contraceptive prevalence rate (CPR) seems to have stagnated at about 57 per cent. The burden of use of contraceptives is being unevenly shouldered by women – the male-based CPR is less than 2 per cent. Although the "unmet need" of currently married women is estimated at only 9.2 per cent, it is probably much higher when unmarried men and women are taken into account. To meet this need, it is necessary to expand the quality and scope of contraceptive information and services. Timely availability of a range of contraceptives across the country has been one of the pillars of the population programme in the past and will remain a critical component in the future. Access to affordable contraceptives by all people, especially the poor, remains a key challenge for Indonesia.

8. Abortion, although illegal, is increasingly emerging as a serious reproductive health problem, with estimated cases ranging from 1 to 2 million annually, accounting for 25 to 30 per cent of maternal deaths. Another area of concern is Indonesia's large adolescent population (over 44 million persons in 2000). Various studies show that high school and university

students, as well as unmarried young workers, are increasingly becoming sexually active without fully understanding the consequences of their actions. These adolescents need appropriate reproductive health information and services in order to meet their specific needs and to protect them from the negative consequences of unwanted pregnancy and infection from STDs and HIV/AIDS. The recent economic crisis has pushed many families into destitution and forced many young girls into prostitution. While Indonesia has so far escaped the rapid spread of HIV/AIDS, there are indications that the actual level of AIDS/HIV infection is much larger than the reported number of cases. Recent WHO estimates, for example, put the number of HIV-positive persons at 52,000. Of great concern is the increasing numbers of infected among high-risk groups, such as commercial sex workers, miners and truck drivers, among whom condom use is negligible, as well as injecting drug users.

9. Indonesia has an enviable record in providing education for both males and females; however, gender disparities are evident in secondary and higher levels. Girls in poorer households are especially vulnerable to dropout from school, a situation that has been exacerbated by the economic crisis. The Government's commitment to pursuing gender equality and women's empowerment has been reflected by policy statements and the mandate of the Ministry of Women's Empowerment.

10. Indonesia's current population and development strategies are based on Population Law No. 10 of 1992, which, among other things, limits family planning access to married couples (rather than individuals). While the law is not likely to be revised in the near future, BKKBN has taken a very positive initiative recently to redefine its own vision, mission and strategies. The new vision is fully in line with ICPD Programme of Action, aiming, inter alia, to address quality-of-care issues, such as counseling and informed choice; the needs of adolescents; greater sharing of contraception by males; client follow-up; and integrated services. The Ministry of Health's new approach to implementing the essential reproductive health package complements the BKKBN's new vision. It is clear that BKKBN's focus on the information, education and communication (IEC) side of reproductive health is complementary to the Ministry of Health's service delivery function. What remains unclear, and of concern, however, is how these two institutions will collaborate among themselves at the local level and with local authorities in light of the new decentralization policy that is gradually being put into effect. UNFPA will work closely with the two institutions to help make the transition a successful one.

Previous UNFPA assistance

11. UNFPA has been cooperating with the Government of Indonesia since 1972. The fifth country programme (1995-2000, including a one-year extension) had an approved resource package amounting to $30 million, of which $25 million was to come from regular and $5 million from multi-bilateral resources. The Fund's assistance was especially helpful in increasing awareness and adoption of the reproductive health concept. Specifically, UNFPA

helped the BKKBN to shift the emphasis of its programme to the quality of services being provided, including counseling and informed choice. The Ministry of Health adopted the strategy of instituting the essential reproductive health package. The package comprises counseling and services for family planning; ante-natal, delivery and post-natal care; post-abortion care; prevention and care of STDs and HIV/AIDS; and adolescent reproductive health.

12. The fifth country programme made good progress in addressing the high maternal mortality rates in three pilot provinces by training midwives and testing new IEC messages aimed at raising community and family concerns over the risks of pregnancy and facilitating preparedness for rapid interventions. Male responsibility, both at home and in the community, for rapid action to save women's lives in the case of obstetrical emergencies, was highlighted. The fifth country programme also made innovative headway in terms of the provision of reproductive health information and services to adolescents and in terms of providing IEC, including promoting the use of condoms, among commercial sex workers to prevent HIV/AIDS.

13. In the area of gender, population and development, the fifth country programme supported the Government of Indonesia in mainstreaming gender concerns into reproductive health by conducting advocacy and awareness-raising programmes for government officials as well as for the staff of national NGOs. A One Stop Crisis Centre, where reproductive health, counseling and legal services are provided to victims of violence against women, has been pilot tested and will be further promoted under the sixth country programme.

14. UNFPA's interventions in the areas of population, environment and development, South-South cooperation and the elderly have been relatively small, being limited to research, information and advocacy activities. UNFPA's inputs in the South-South cooperation field has, however, been instrumental in facilitating technical capacity building in Indonesia and in facilitating exchanges of information with several developing countries.

15. Until very recently, most of UNFPA's assistance to Indonesia has been channeled through the BKKBN, which concentrates heavily on family planning. The BKKBN's family planning programmes were primarily made available only to married couples, excluding adolescents and other unmarried young people. Therefore, one of the key lessons learned from the fifth country programme was the need to establish an integrated comprehensive reproductive health programme, giving emphasis to counseling, informed choice, quality and accessibility of services. Reproductive health services in the country need to be made available to all populations, including adolescents. Both the BKKBN and the Ministry of Health have realized the importance of these lessons and have agreed to give them high priority.

Other external assistance

16. In addition to UNFPA, the Government of Indonesia has received significant financial

support from the United States of America and, more recently, from the European Union, the Netherlands, Canada, Japan and Australia. With the exceptions of Australia and Canada, almost all recent support has been for the procurement of contraceptives, which was prompted by the economic crisis. UNFPA has coordinated these activities with the Government in the context of its Global Appeal for Contraceptive Assistance to Indonesia, launched in mid-1998. The extra resources made a significant contribution to preventing a contraceptive shortage that would have otherwise occurred across the country.

17. Although its financial contribution to Indonesia is relatively modest, UNFPA has been able to play a critical role in supporting mobilization of financial resources for population and reproductive health programmes. UNFPA has acquired a broad understanding of the national population programme and the relationships among various government structures and other stakeholders. It has a clear overview of the programme's strengths and achievements as well as its gaps and weaknesses. As a multilateral agency, UNFPA is in a unique position to advocate for new and sensitive issues in population and reproductive health. By providing assistance to a number of carefully selected key activities at the central and local levels, UNFPA expects to play a catalytic role in further promoting the goals of the ICPD Programme of Action.

Proposed programme

18. UNFPA has used the following thematic and geographical criteria in the selection of the programme sites: areas of high maternal mortality, high concentrations of adolescents, high risk of HIV/AIDS, and risk of violence against women in areas of conflict. In addition, regional and ethnic considerations have been taken into account. Consolidation of the achievements made under the previous country programme has also been one of the considerations. As a result, the thematic programme interventions are planned to be applied throughout three provinces (South Sumatra, West Kalimantan and East Nusa Tenggara) and in the eastern part of West Java province, while general interventions such as policy studies, research, and general education and advocacy activities will be carried out at the national level.

19. Reproductive health subprogramme. The purpose of the reproductive health subprogramme is to have contributed to increased utilization by women, men and adolescents of quality reproductive health services and of reproductive health information and counseling services that results in safer reproductive and sexual behaviour.

20. UNFPA will provide support for capacity building at the central level for reproductive health programme management so as to establish effective mechanisms between the central, provincial and district levels for efficient planning, implementation and evaluation of reproductive health services. Despite the acceptance of the concept of reproductive health by the Government in the past years, the broader dimensions of reproductive health as defined in the ICPD Programme of Action have not been fully institutionalized. To enhance the coordination

and management of the reproductive health programme at different levels of Government, UNFPA will support strengthening of the National Commission on Reproductive Health.

21. A substantial part of UNFPA support will be focused on building capacity in the BKKBN and other government structures and in NGOs so that they can systematically plan and carry out IEC activities in support of reproductive health, including on gender issues, particularly male involvement; adolescent reproductive health; and the prevention of STDs and HIV/AIDS. A multi-pronged and comprehensive IEC programme promoting behavioural change will be supported. Efforts will be directed to: (a) develop and utilize annual IEC strategy and monitoring plans; (b) train outreach workers in interpersonal communications skills; (c) produce and distribute sufficient quantities of IEC materials; and (d) carry out multi-media interventions.

22. In order to enhance the quality of and increase the access to reproductive health services in the country, several interventions will be undertaken. Activities will be supported to ensure integration of an essential reproductive health services package into local health-care systems. Large numbers of reproductive health field workers of both the BKKBN and the Ministry of Health, including midwives in the subdistrict and the village levels, will be trained to improve their clinical skills. New training programmes will be conducted to increase the number of grass-roots reproductive health workers. In addition, reproductive health services will be expanded by increasing the number of service outlets, particularly in remote and less populated areas. In the area of family planning, the focus will be on enhancing the counseling and clinical skills of providers. Male responsibility in family planning will be promoted, and male methods, particularly vasectomy, will be included in the range of services offered.

23. Given the high maternal mortality rate in Indonesia, the reduction of maternal mortality will continue to be given extra attention under the sixth country programme through the Mother Friendly Movement initiated under the previous programme. The assistance will concentrate on improving community support for timely and appropriate responses to complications of pregnancy, especially the provision of transportation to health facilities; upgrading the skills of midwives in the diagnosis and management of complications of pregnancy and labour and in making decisions on appropriate referrals; and increasing the utilization of emergency obstetric services at health facilities.

24. To fight violence against women, UNFPA will support the establishment of a comprehensive prevention and management programme to address many forms of violence (rape, sexual harassment and wife/partner battering). This will be done through the establishment of a constellation of services, through such outlets as the One Stop Crisis Centres, that will include IEC, counseling and referrals for legal, medical, and social support of victims. Various modalities will be used, including Government-NGO partnerships, intergovernmental agency networks and initiatives by NGOs. Preventive measures will be carried out through public education on the causes and consequences of violence against women.

25. UNFPA will support interventions to reach groups at high risk of HIV infection, including providing support for the 100 Per Cent Condom Use Policy, which is currently being promoted by the Government for sex workers and their clients in selected sites. Increased access to information on STDs and HIV/AIDS by sex workers and their clients and condom use within sex establishments will be promoted. In addition, commercial sex workers will have access to STD clinics providing health education, diagnosis, treatment and condoms.

26. UNFPA will pay increasing attention to adolescent reproductive health. In contrast with the past programme, which was focused mainly on in-school adolescents and youth living with their parents, the activities of the sixth country programme will be planned to reach out to all youth and adolescents, regardless of their status. The planned activities will solicit the active participation of young people. They will go beyond providing information to the provision of reproductive health services as well. Because of the sensitivity of the subject and of the available expertise and capacity of several local NGOs in this area, it is planned that NGOs would develop and implement activities in the area of adolescent reproductive health.

27. UNFPA will also provide assistance to meet the reproductive health needs of the large numbers of refugees and internally displaced people that have been created as a result of recent ethnic and religious conflicts. Psycho-social and medical support, such as counseling and emergency contraception, will be provided to victims of sexual violence, including rape.

28. Reproductive health commodity security. UNFPA played a pivotal role in mobilizing resources to meet contraceptive shortfalls caused by the 1997 economic crisis. The Fund will continue to collaborate with donors in supporting central government agencies in developing procedures and strategies for contraceptive security. It will try to improve contraceptive management information systems with a view to eliminating or minimizing overstocking, under-supply and stockouts at service delivery points so that the country can become self-sustainable in contraceptive provision.

29. The amount of $21 million would be allocated to the reproductive health subprogramme, of which $16 million would be from regular resources and $5 million would be sought through co-financing modalities and/or other resources. Approximately 20 per cent of the resources would be used at the central level for reproductive health programme management capacity building. The remaining resources would be utilized to improve the quality and accessibility of reproductive health services at the provincial and district levels and to training activities, including training on counseling skills. Only limited amounts of equipment will be provided to service delivery outlets under the reproductive health subprogramme.

30. Population and development strategies. The purpose of the population and development strategies subprogramme is to achieve increased knowledge and understanding of population and

gender issues and their interactions with socio-economic processes through modest but well-targeted support for policy research, awareness creation and training activities. The set of interventions planned will contribute to the realization of the Government's goal of achieving a sustainable balance between population dynamics, natural resources and the environment.

31. UNFPA will support a limited number of policy studies on population, gender and development issues of critical importance. Of particular interest will be strategies that are in line with the ICPD objective of "equitable and ecologically sustainable development of major sending and receiving areas, with particular emphasis on the promotion of economic, social and gender equity based on respect for human rights". Another study will focus on population ageing in Indonesia and the policy and programme options available for addressing the anticipated challenges. Additional themes will include gender and the environment, as well as strategies relating to the other social and economic adjustments needed in response to anticipated long-term changes in the country's population dynamics.

32. The amount of $2.9 million would be allocated to the population and development strategies subprogramme, of which $1.9 million would come from regular resources and $1.0 million would be sought through co-financing modalities and/or other resources. Most funding would go for training, research and IEC activities, with very limited provision of equipment.

33. Advocacy. The purpose of the advocacy subprogramme will be to address population, reproductive health and gender issues relevant to the Indonesian situation through the development of effective and targeted messages and advocacy strategies. At the national level, the subprogramme will provide support for the development of comprehensive and research-based advocacy messages on population and reproductive health issues for various target groups – such as national leaders, Parliamentarians, national media personnel and NGO leaders. Selected staff of relevant advocacy agencies will be trained in research and data utilization for the development of appropriate advocacy messages. At the local level, relevant advocacy programmes, including orientation programmes and distribution of advocacy materials, will be developed to target government authorities, community leaders, the media and NGOs, including religious organizations, to elicit their support in the promotion of population, gender and reproductive health issues.

34. The amount of $3.5 million would be allocated to the advocacy subprogramme, of which $2.5 million would come from regular resources and $1.0 million would be sought through co-financing modalities and/or other resources. The bulk of the funds would be utilized to capacity building in developing and implementing reproductive health IEC and advocacy activities.

35. Mainstreaming gender concerns. The integration of gender concerns into development programmes will be the collective responsibility of the national Government through its various departments and of local government units. To promote institutional commitment and to build

capacity for incorporating gender concerns into policies and programmes. UNFPA will support the Ministry of Women's Empowerment in carrying out training programmes for relevant officials in key sectoral ministries and selected local government units. Appropriate training manuals and materials that advance gender concepts and methodologies will be developed.

Programme implementation, coordination, monitoring and evaluation

36. The programme will be executed primarily by the Government, under the supervision of the Ministry of Planning, which coordinates UNFPA assistance to the country. Relevant government agencies, NGOs and other institutions will be entrusted with programme implementation. UNFPA will limit its execution primarily to procurement of essential equipment and provision of international experts. The programme will work to strengthen the results-based management capacity of executing and implementing agencies in order to monitor and assess the progress and constraints of the programme effectively. National Project Directors will be responsible for preparing monitoring reports, annual reports and reviews, and other related tasks, with support from the UNFPA country office, government agencies and the CST.

37. Overall monitoring and evaluation of the programme will rest with the UNFPA country office and government agencies. The country office plans to utilize a results-based approach to management and monitoring of the programme. Annual project reports and subprogramme reviews will assess the extent to which the subprogrammes and component projects are contributing to the realization of the country programme outputs, as delineated in the logical frameworks. A mid-term review will be conducted in 2003, and an end-of-programme evaluation will be carried out in 2005.

38. The UNFPA Country Office is composed of a Representative, two National Programme Officers and support staff. At present, a Junior Professional Officer is also attached to the office. A number of National Professional Project Personnel would be utilized to support the substantive aspects and management of the programme. Under the proposed programme, the amount of $600,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

39. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Indonesia, as presented above, in the amount of $28 million for the period 2001-2005, $21 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $7 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision of 2000/19 on the allocation of UNFPA resources.

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